

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT HEALTH INFORMATION
TECHNOLOGY AND EXCHANGE
DR. JEWEL MULLEN, CHAIRPERSON

JULY 23, 2012

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE
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1 . . .Verbatim proceedings of a meeting in
2 the matter of Connecticut Health Information Technology
3 and Exchange, held at 101 East River Drive, East Hartford,
4 Connecticut on July 23, 2012 at 4:39 p.m.

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9 CHAIRPERSON JEWEL MULLEN: Do we know who's
10 on the phone? Hello, is there anyone on the phone? Okay,
11 so good afternoon, we can begin the July meeting of the
12 Health Information Technology Exchange of Connecticut
13 Advisory Board. Thank you to all of your for your
14 flexibility in being able to come to this meeting. If you
15 were on vacation last week and thought you were going to
16 miss it, surprise, it's this week.

17 And for those who happened to end up being
18 on vacation this week, we'll tell them what they missed.
19 But it's nice to see you all. So with that, I would call
20 for approval of last month's minutes.

21 MR. STEVE CASEY: So moved.

22 MR. DANIEL CARMODY: Second.

23 CHAIRPERSON MULLEN: Any discussion? I
24 wasn't here so I'm not going to say anything about it.

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1 Okay, so all in favor?

2 ALL VOICES: Aye.

3 CHAIRPERSON MULLEN: Okay opposed,
4 abstentions? None. Okay, so we'll move on the
5 Treasurer's report.

6 DR. TOM AGRESTA: Next is the Treasurer's
7 report, and I have sort of two sort of pieces of
8 information to share with you. One is our current status
9 and the other is just sort of the end of year, fiscal year
10 June to July -- July to June. Our -- the end of fiscal
11 year, which ended the end of July -- or the end of June,
12 we had -- where's our -- I've got to get oriented on this
13 thing now.

14 We had a total in income, all from
15 obviously the contract with DPH, of \$2,277,743.37, and a
16 total in expenses of \$2,895,486.21. We did have some
17 money already in the bank prior to that, so our total net
18 income at the end of the year was \$79,019.24. For the
19 current status as of today, our total assets that we have
20 are \$597,975.94 --

21 FEMALE VOICE: Can you repeat that Tom?

22 DR. AGRESTA: -- yup, \$597,975.94. Our
23 total liabilities are \$561,684.46, which leaves us with a
24 total equity at this point of \$36,291.48. Okay so as you

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1 can see, we do not have much in the way of resources
2 available to us at the current time.

3 MR. DAVE GILBERTSON: I can e-mail this to
4 the Board members if they'd like to get a hard copy.
5 Would anybody like this e-mailed --

6 DR. AGRESTA: I think that would probably
7 be --

8 MR. GILBERTSON: I see everybody trying to
9 write down numbers, I'll just e-mail it.

10 DR. AGRESTA: Any discussions?

11 MR. JOHN LYNCH: Just a recommendation that
12 that should be part of the monthly -- with the minutes up
13 front so we can have a chance to look at it ahead of time.

14 DR. AGRESTA: I agree.

15 CHAIRPERSON MULLEN: So is that a matter
16 then of just making sure it gets to Chris in time to come
17 out with other materials?

18 MS. CHRIS KRAUS: I can run it.

19 CHAIRPERSON MULLEN: Okay, thanks.

20 MS. BRENDA KELLEY: You didn't say this,
21 but I'm looking at the minutes from the last meeting. And
22 it said that we were holding \$34,000 and some change in
23 escrow for personnel expenses. Do we have any escrowed
24 money in this current fiscal year that's not reflected in

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1 what you talked about?

2 MR. GILBERTSON: Yeah, we do. Right now
3 we're holding \$12,000 in escrow. That's for 401K
4 contributions that we haven't been able to make yet.

5 MS. KELLEY: Thank you.

6 CHAIRPERSON MULLEN: So just for
7 clarification, would that be considered part of what we
8 would hold in escrow here or is that something that you're
9 holding separately?

10 MR. GILBERTSON: No, it's in this number.

11 CHAIRPERSON MULLEN: Okay.

12 MR. GILBERTSON: It's showing here.

13 CHAIRPERSON MULLEN: Alright.

14 DR. AGRESTA: So that's reflected in the
15 entire -- in the bank account. We have a total of -- in
16 our bank currently we have a total \$305,725.94. So
17 \$12,005.88 of that is in escrow and the then the rest of
18 it is in the bank account for sort of operating expenses.

19 MS. KELLEY: But the equity that you talked
20 about of \$36,291, does that also include the \$12,000 in
21 escrow? So it does, so that's part of that.

22 DR. AGRESTA: That's correct.

23 MS. KELLEY: Okay.

24 MR. CARMODY: Dave, a question for you.

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1 Does that -- when do we switch over and when does the -- I
2 know we had a contract go out for accounting services.
3 When do they start to take over those responsibilities?

4 MR. GILBERTSON: We meet with them tomorrow
5 and we'll start transitioning tomorrow.

6 MR. CARMODY: Okay, thanks.

7 MR. GILBERTSON: The question was do we
8 have a contract now for accounting and bookkeeping
9 services. It's actually through the state contract. We
10 selected one of the venders off the state contract and
11 they're going to be starting tomorrow, J.H. Cohn, J.H.
12 Cohn is the name of the contractor. So I'll be
13 transitioning all the books over to them tomorrow.

14 CHAIRPERSON MULLEN: Any other questions?
15 Okay, need a motion to accept the Treasurer's report.

16 MR. KEVIN CARR: So moved.

17 MS. KRAUS: Who just moved?

18 MR. CARR: Kevin.

19 MS. KRAUS: Okay.

20 MALE VOICE: Second.

21 CHAIRPERSON MULLEN: Thank you. All in
22 favor?

23 ALL VOICES: Aye.

24 CHAIRPERSON MULLEN: Opposed, abstention?

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1 Okay. I'd like to actually move to change the order of
2 the agenda, which I probably could have done two items
3 ago, to do the Committee updates then followed by the
4 agency business. I believe that's more in to some of the
5 conversation that's going to come later.

6 MALE VOICE: Second.

7 CHAIRPERSON MULLEN: Thank you. Okay, so
8 why don't we start then with the Executive Committee.

9 DR. AGRESTA: So let's see, our Executive
10 Committee met on two separate times in the intervening
11 time since the last meeting. The first meeting was about
12 a week after our prior Board of Directors meeting. At
13 that meeting we discussed the Axway contract and suggested
14 changes that needed to be implemented with regard to that
15 and progress to date in those conversations.

16 And the Executive Committee suggested that
17 we continue those additional conversations with Axway
18 during that intervening timeframe between now and today,
19 and we'll hear a little bit more of an update about that
20 and what's occurred from David a little later in the
21 meeting. And then the other meeting was in an executive
22 session for attorney/client privileges. The other thing
23 covered in that prior Executive Committee was
24 recommendations for personnel in terms of benefits

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1 packages, etc., that was delegated to be conversed with
2 the Executive Committee at the last Board of Directors
3 meeting.

4 And we had some -- a proposal offered by
5 David with regards to changes that were suggested at our
6 prior meeting. We had some conversation about that at
7 that meeting with some additional recommendations back to
8 David to consider modifications to that, and I believe he
9 will present those options tonight for discussion at the
10 Board meeting.

11 CHAIRPERSON MULLEN: Good. We also --

12 DR. AGRESTA: Go ahead.

13 CHAIRPERSON MULLEN: -- co-hosts --

14 DR. AGRESTA: Go ahead.

15 CHAIRPERSON MULLEN: -- we also talked some
16 about Board membership and understanding that there were
17 some terms that were coming up and some positions that
18 needed to be filled on the Board and how we would go
19 forward with that because we're getting to the time where
20 really need to one, refill some positions and take a look
21 at reappointing or appointing some people into some of the
22 terms that have been completed.

23 And that will -- it's going to get
24 discussed a little bit more later and we'll take some

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1 action on that at upcoming meetings as well. Any
2 questions? Okay. Next we have Business and Operations.

3 MR. CARR: Yes, I think that we've had this
4 discussion a couple of times around the business numbers.
5 We were looking for a very strong Co-Chair that had been
6 with -- that would be able to carry the day-to-day stuff.
7 I would be the Chair but we needed somebody that would
8 always be here and be able to meet in person, etc., given
9 my travel schedule and other stuff. We have reached out
10 and tried to recruit a strong Co-Chair. We've been
11 unsuccessful to date in some of the individuals who have
12 come forward.

13 And so what we're looking for -- you know,
14 Tom and I had talked about this. There's two options that
15 we can really move forward on, and one is that we do find
16 somebody. And we're taking suggestions from this Board of
17 individuals that could come in and be that strong Co-Chair
18 to be able to run the Committee meetings, etc., and I
19 could stay in the Chair position. Or, you know, if
20 there's somebody from the Board that would be interested
21 in being the Chair or in the positions that we're looking
22 to fill, you know, recruit somebody that would be a good
23 strong Chair for that position then I would be happy to
24 support as Co-Chair person going forward.

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1 It's an important Committee, we want to
2 make sure that it's successful, we don't want to launch it
3 without the right support behind it. But at the same time
4 we don't want to never launch it either, right. So it's
5 really important that we find somebody that would be able
6 to come in and fill that in a strong day-to-day role. So
7 any suggestions from this group would be extremely helpful
8 either now or off to the side a little bit later.

9 CHAIRPERSON MULLEN: Does anyone need a
10 reminder of what the charge to the Business and Operations
11 Committee is as you think about potential Co-Chairs? Do
12 you want to go on and say what you volunteered to do?

13 MR. CARR: Yeah, I think that a lot of it
14 is around working directly with the stakeholders in the
15 community to identify what businesses needs that the
16 Health Information Exchange should support going forward
17 and what the -- you know, what types of services should be
18 provided by the Health Information Exchange. We have a
19 Policy Committee that really focuses on once those
20 priorities are determined, then they could go back in and
21 edit the policies appropriately and from the Technical
22 Committee, could edit the technical approach.

23 But from a business perspective we needed
24 somebody to help, you know, with big picture guidance and

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1 which does require a lot of executive facing time, right.
2 So working directly with the payers in the community and
3 working with the state making sure that we always are
4 supporting their needs. And then really underneath that,
5 helping to develop the Operational Plan for how the
6 services are provided. And, you know, there's technical
7 work that needs to be done but also there's a lot of non-
8 technical operations that needs to occur as well. That's
9 just a very high level, there's obviously a lot underneath
10 that.

11 CHAIRPERSON MULLEN: And how many people
12 are working with you on this right now?

13 MR. CARR: We have a Committee that's
14 proposed of, I believe it's six individuals in addition to
15 the Co-Chair. So there would be additional support and I
16 do believe that we'll get good participation once we have
17 the additional individual that's going to be able to hit
18 the ground running. So you won't be operating alone, and
19 then from a staffing perspective as well there have been
20 individuals that would help to manage the meetings and
21 notes, etc.

22 CHAIRPERSON MULLEN: Yeah.

23 MR. LYNCH: I think when -- if you go back
24 a year when we talked about an overall plan, there were a

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1 couple of other strategic objectives for that Committee.
2 We talked at some point about Subcommittees, that someone
3 needed to focus on the state agencies. As an example
4 Department of Public Health, as how does it relate to in
5 the workflow there. We talked about a Quality Committee
6 in terms of the sense of what are the metrics and what are
7 the quality components that ought to be coming out of the
8 system.

9 And most importantly, we talked about a
10 provider facing component because of all the workflows
11 this means and how to work through the workflow issues and
12 make it operational from an HIE. And we're kind of
13 struggling with that on the Policy Committee because
14 without having that, those workflows adopted, it's kind of
15 a chicken and egg situation on the policy side. What can
16 be done, what can't be done and how is it going to impact
17 workflows and stuff like that?

18 CHAIRPERSON MULLEN: Right, and it's very
19 hard to be in a chicken and egg situation when your actual
20 work product depends on cracking the egg and continuing to
21 move things forward. And I'm sorry with my bad metaphors
22 and, you know, and that's just looking at ourselves.

23 The other side of that is that we continue
24 to work with the cooperative agreement or the Office of

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1 the National Coordinator, which is tracking the progress
2 that each state is making and moving forward in advancing
3 its exchanges. And I know that next week we're due to
4 report our progress for this past quarter and that the ONC
5 is looking from us by August 13th, our real Strategic and
6 Operational Plan which they have pointed out to us
7 numerous times is quite deficient. Now, I think when you
8 have deficiencies one of the things that you have to do is
9 explain why, and that's a lot of what our report is going
10 to have to explain.

11 But we have to fix some of that why and
12 that vicious cycle. Nobody's going to fix that for us, so
13 if there is someone in here who has some recommendations
14 that I, that the Vice-Chair, that the Executive Committee
15 can push forward on getting this work going -- and I'm
16 talking about all of us. We have a number of state
17 agencies and a number of crucial non-state agency partners
18 around this table. What is it going to take for us to
19 move this forward? I don't want it to be feeling as if
20 it's all on Kevin Carr to get this done, and I don't want
21 you to resign from --

22 MR. CARR: I'm not.

23 CHAIRPERSON MULLEN: -- but on the other
24 hand, we're a bit in suspended animation now. And I

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1 actually would say that you, John Lynch, were very patient
2 and gracious in your reminding us that some of this you've
3 been asking for for almost a year. He nods his head and
4 says yes. So does anybody have any recommendations?

5 MS. ANGELA MATTIE: Have we thought about
6 contacting the PRO, contacting CHA, contacting some of the
7 agencies at the state and seeing whether or not they have
8 someone who might want to do this and come forward?

9 MR. CARR: I think our approach so far is
10 to take named individuals as opposed to soliciting names,
11 you know. So if there are individuals that have named
12 individuals that we feel are -- would represent the
13 organization well on the Committee, then I think that's
14 been our approach as opposed to going and saying hey, can
15 you give us names?

16 But, you know, we may be at that point
17 where it's better to go down that path. But so far we've
18 just been taking names and then going out -- going to
19 follow-up with those individuals.

20 MS. MATTIE: Yeah, I mean it seems like CHA
21 has a large database, the PRO has a large database. And
22 so to these within the state that have large databases, of
23 course a specific skill set, and maybe someone could carve
24 this out as a piece of their job too.

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1 MR. CARR: And I don't want to -- we have
2 defined what, you know, the near term work would be done.
3 I think between the background meetings kind of setting up
4 what that first meeting would be like, we've gotten a lot
5 of clarity around what the priorities are, etc. And so
6 the individual that takes on this role would have a lot
7 more clarity than it would have been a month or two ago.

8 But I'm a little -- I'm just a little bit
9 personally concerned about having unnamed -- you know,
10 seeking names and -- you know, that somebody not on this
11 Board doesn't know. But I'm happy to follow that path if
12 you think it's the right one.

13 MS. KELLEY: It seems to me that part of
14 the skill set you need is someone obviously that knows
15 enough to be able to understand what the issues are with
16 Business and Operations but also someone that can be --
17 can bring people together to get agreement where there's
18 maybe disagreement.

19 MR. CARR: Right.

20 MS. KELLEY: So one of my concerns would be
21 -- although we don't have a lot of depth I think on this
22 Board because people are doing multiple things. The
23 Executive Committee is meeting a lot, but my concern would
24 be picking someone that is going to be who we're

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1 negotiating with to be a Chair on the Committee, and maybe
2 that speaks to your name thing. I would rather see
3 someone that certainly is the type of person that can get
4 agreement and can listen to what everyone's perspective is
5 but isn't locked into a particular organization.

6 Then that would be true of the people who
7 are named too, you know, that they're not there to deal
8 with the agenda of the organization, that they're there to
9 try to get to yes. But they have to understand the issues
10 too.

11 MR. CARR: Right.

12 MS. KELLEY: So I'm just wondering if
13 within the state partner piece of our Board, that there is
14 someone that -- maybe the Lieutenant Governor's office or
15 at OPM or the Healthcare Advocate, that would know enough
16 about health IT, because you're going to be part of it and
17 you know a lot --

18 MR. CARR: Right.

19 MS. KELLEY: -- but they could know enough
20 about health IT to understand what the issues are but
21 could play more of that, let's come together and figure
22 out how to do this rather than we have to have it this way
23 because the hospitals want it this way or the doctors want
24 it this way. I don't think it's me. I mean, I'll just

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1 put that out there because I have the negotiating skills
2 but I don't think I have the knowledge nor do I think I
3 have the time right now.

4 But I'm wondering within the state agencies
5 if there are people that have those skills in one of the
6 state agencies that's on this Board that could play that
7 role because I've worked with Kevin before and I know how
8 hard you work and I know the knowledge you bring to the
9 table. So it's not like you would be flying alone.

10 MR. CARR: Absolutely, and my challenge is
11 that a lot of this needs to occur -- you know, it's
12 sitting down face-to-face and developing trust on the
13 participants.

14 MS. KELLEY: Right.

15 MR. CARR: And you can't do that over the
16 phone. I can do a lot over the phone --

17 MS. KELLEY: Right.

18 MR. CARR: -- but I can't do that over the
19 phone.

20 MS. KELLEY: Right.

21 MR. CARR: As much as I can smile, nobody
22 sees it. You know, the sincerity in your eyes, nobody
23 sees it. So you need somebody that's very trustworthy
24 that's going to be looking at other individuals --

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1 MS. KELLEY: Right.

2 MR. GILBERTSON: Let me just offer one
3 observation. I think when John was talking about the
4 Subcommittees that we talked about under the Business and
5 Operations Committee, he's right on in terms of this
6 really the Committee that needs to have a stakeholder buy-
7 in. One of the Committees that we don't have that a lot
8 of states do have is an Enrollment and Stakeholder
9 Committee that really works with the stakeholders and
10 makes sure that they're buying into what we're building
11 and that they're contributing to what we're building.

12 So the three workgroups, I think, are a
13 key. So this is a huge, huge project, huge, huge
14 Committee, that really is going to be a lot of work. But
15 also, that key organization that's going to move us beyond
16 talking to the -- and you know, there's nothing wrong with
17 talking to the CIOs. But this has got to get into the
18 business and it's got to get into the clinical realm.
19 That's where it has to be driven, and we haven't engaged
20 the business leaders, the CEOs, and we haven't engaged the
21 clinical staff nearly enough to drive this from those
22 angles. And as long as we keep trying to drive it with
23 technology, it's going to be very difficult.

24 CHAIRPERSON MULLEN: So the combination of

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1 Angela's and Brenda's suggestions, I agree about having
2 state agency representation. And based on what David just
3 said, I would veer us away from having a preponderance of
4 state agency representation because we really do need the
5 stakeholders to buy in and not have people come at this as
6 if it's really coming from us.

7 And I believe that your recommendation
8 should encourage us to think at the level below CHA, to
9 get some individual hospitals and not just the parent
10 organization because one, it's a -- you get a better cross
11 section that way. I try to do that on the public health
12 side and look into the local level and not just at the
13 parent organizations. So I think there's a lot to be
14 gained to hear multiple voices on that. Yes?

15 MS. MATTIE: John and I were just having
16 survived a mini-version, it was about 20 years ago. I
17 agree with you on the Committee representation. I think
18 part of what Kevin is feeling is you really need a staff
19 person devoted to this part of it who has the specific
20 expertise. And then you need a Committee that represents
21 each and every one of the stakeholders that we're trying
22 to get involved.

23 And this is really the core moving forward,
24 so it's really not can a Board member volunteer to be a

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1 Co-Chair because that's like putting your finger in a dike
2 or a bleeding carotid artery. But it really is two-prong,
3 do we have the right people on the Committee that
4 represent each and every one of the stakeholders at a
5 decision-making level and then do we have the right
6 operational person that this is part of their job? Like I
7 would say, you probably need 20 to 30 hours a week right
8 now in this part of it and that has the specific expertise
9 and has worked on these specific issues.

10 And I don't know if that comes from the
11 staff at the Connecticut HIT or where it comes from, or if
12 it comes from DPH, but in my sort of novice perspective to
13 operationalize this it's not a Board member saying okay,
14 I'll jump in and run a meeting.

15 MR. CARR: Yeah, and -- you know, part of
16 our challenge and the reason respectfully I pushed back on
17 having the first meeting has been if the -- when those
18 first meetings occur and you do engage the stakeholders,
19 if there's not that structure there then it reflects
20 poorly on the organization. And I've seen that so many
21 times that I didn't want that to happen here. And so
22 that's -- you know, you're absolutely right.

23 MR. LYNCH: To follow-up on your comment,
24 the reason you want to reach down further than just kind

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1 of the -- like the CHA level is that you really want
2 operational people. You want people who are exposed to,
3 how do I actually implement this in my office or in my
4 hospital or whatever. Because that's where you're going
5 to get the eventual pushback of, it's impossible to do
6 what you just said kind of thing. And you've got to get
7 down to those operational people to say oh, there's our
8 problem.

9 CHAIRPERSON MULLEN: Right, that would be
10 like having the Commissioner of Public Health tell you how
11 -- you know, what's going to work for the lab or
12 immunizations. I would not be helpful enough to you.
13 Thanks.

14 So I'm happy to field to the state agency
15 side of things. Not in terms of a 30 percent staff
16 person, it's not in the budget. But in terms of also
17 thinking about when we get to the day of having a
18 coordinator for this project, the degree to which that
19 person also can be a convener across state agencies who
20 can also reach out to external partners at the same time
21 that it sounds as if there needs to be a more strongly
22 designated function within the small core of your staff to
23 do that work.

24 And it may be that in part, you know, that

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1 this conversation will lead us to thinking oh, this is how
2 somebody should be approaching some of their work to
3 accomplish this because people are working and it might be
4 that some of the approach would get us closer to what you
5 need as opposed to thinking oh, we're still waiting for
6 that other person.

7 MR. GILBERTSON: Yeah, what we've done --
8 you know, obviously some states have actually invested in
9 staffing their Committees. I know Massachusetts is doing
10 that, they're actually hiring a staff person for each
11 Committee because it does take that. We don't have that
12 in our budget, but what we have done is try to leverage
13 our interns in that way so every Committee has an intern
14 assigned to that Committee to try to support them the best
15 they can.

16 It's not the same as having a staff person,
17 but we just don't have the budget to staff every
18 Committee. We could build that into our budget and seek
19 additional funding, but right now it's not something that
20 we had planned to do. But it is necessary, you know, it's
21 a lot of work to run a Committee and it's not something
22 you can expect yourselves to do. You're too busy to do
23 the grunt work that's necessary to keep the Committee
24 going. But we do have the interns, they are seasoned

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1 professionals, they know what they're doing. These are
2 not young college kids.

3 You know, I encourage you if you're a Chair
4 to try to leverage as much of their skills that you can.
5 And they're willing to take on the work so don't be afraid
6 to ask.

7 CHAIRPERSON MULLEN: Thanks.

8 MR. CARR: So bring us names of
9 individuals, suggestions, we'll definitely follow up. And
10 also if the individual -- we're not expecting -- they may
11 or may not have Health Information Exchange experience,
12 but we're committed to educating them and we'll teach them
13 what they need to do and they won't be without support.
14 So bring them on.

15 CHAIRPERSON MULLEN: And in the meantime,
16 is it possible for you to have your first meeting with an
17 intern along side you so that the first meeting can happen
18 and we can start cracking the egg? I don't think the nod
19 shows up for the transcriptionist.

20 MR. CARR: It sounds good, yes.

21 CHAIRPERSON MULLEN: Thank you. Okay,
22 Finance.

23 MR. CARMODY: So a couple of things on the
24 Finance Committee. So the Finance Committee has not met

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1 in its entirety. Most of the time has been focused with
2 my active participation in a lot of the Axway contract
3 negotiations, the review of the accounting services.
4 David and I have exchanged e-mails where he's kept me up-
5 to-date on sort of the D&O insurance that's going to
6 lapse. And we need to put a new policy in place, which
7 we're starting down that path and we have some excess
8 coverage that we can probably talk about. I think I had
9 one Subcommittee member resign. She's leaving the state,
10 so her active participation is going to have to be
11 replaced.

12 But I think part of this gets into the main
13 focus of the Finance Committee has been on policy
14 development and it really hasn't been sort of a -- almost
15 I want to think it actually ties a little bit to what
16 Kevin was talking about, is what is the role of the
17 Committee. And I almost want to go back and refocus on
18 that role, one, in relationship of the people that we have
19 one it. Any time I've ever engaged them it's not been so
20 we can have a constructive conversation on maybe what we
21 need. So maybe in talking to David and looking to what
22 the charter of that Finance Committee to be. It wasn't
23 supposed to be an adjunct Committee to the management who
24 was overseeing certain things, but maybe some of the

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1 problems that we have on the Business and Operations
2 Committee stem from what are the services that we're going
3 to deliver.

4 And I think now as we talk about, you know,
5 our contract and what we actually want to deliver -- I
6 mean, it's maybe we're just refocusing what is that
7 problem that we're trying to solve again. So when we as a
8 Board set a direction on the types of services that we
9 wanted to deliver, it was a pretty broad and comprehensive
10 approach. And while I think we still have that as an
11 aspirational goal, I think we have some things that we
12 need to do immediately. And so it's sort of hard to ask a
13 group of individuals to sit on a Business and Operations
14 Subcommittee or even a Finance Subcommittee if it's going
15 to be talking about the financials to -- I think we need
16 to almost go back and redefine our scope because otherwise
17 we're sort of in this conundrum where the contract that we
18 had, the aspirations that we have are not the reality of
19 today.

20 We have to come back and talk about what is
21 that reality of today. That way you can focus an
22 operations group no matter who they are to say this is the
23 actual business problem that we're trying to solve. So
24 bringing people together to talk about a problem on a

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1 Business and Operations Subcommittee is going to be very
2 difficult if you don't know exactly what you're trying to
3 solve for and be very prescriptive. From a Finance
4 Committee perspective, well, we can define -- you know, I
5 have other policies I can bring forward. That doesn't --
6 I don't think that that really solves for what we actually
7 need with which is again, what is a longer term approach
8 to the financials which is still going to tie back to, you
9 know, what are those products and services that we think
10 that we can deliver. And is there a -- you know, what do
11 we think we can sell them for and can we sell them for.

12 I mean, part of it is we start getting into
13 these conversations around if our first focus is Direct
14 will people pay for Direct, yes, no or maybe? I mean, if
15 people want these other, you know, additional services --
16 and again, going back and figuring out what our
17 constituents want. So I just -- I reflected back on over
18 the last couple of weeks around what I was doing to help
19 contribute. So again, there's been a lot of conversation
20 but Dan is not just a one person Finance Committee. You
21 really should actually have other broader members that
22 we're bringing into play. And what I got into as a -- a
23 concern is that the people that I had coming in, they did
24 very well about helping about financial policies. These

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1 are financial people, they could talk about controls, they
2 could talk about what you needed to provide to the
3 management team to operationalize. That team actually
4 worked out well.

5 What we really didn't have is, we didn't
6 have a group of individuals who one, understood and could
7 actually help provide broader guidance to where do we need
8 to go to make this sustainable. And I think there's a gap
9 there. I think we can close it but I also think if I was
10 -- if we're going to go back and look at those people on
11 that Committee, I'm going need to make sure I -- we're
12 going to need to look at what are their skills, what are
13 we going to ask them to do? And what we're going to need
14 is to make sure that we're spiking out exactly what we're
15 going to be delivering for product so you can bake that
16 into a financial model. Right now we don't have that.
17 Right now we have a contract that's in the midst of
18 negotiation where I think we have some direction as to
19 what we think we can implement. And so I'm interested in
20 the remainder of the updates that we'll have maybe today.

21 But that's my reflection back on the
22 Finance Subcommittee. Certain things can move forward,
23 certain things we actually sort of need to step back and
24 say are we heading in this right direction.

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1 CHAIRPERSON MULLEN: Thank you. Legal and
2 Policy.

3 MR. LYNCH: Legal and Policy met July 11th
4 for the highs. We have a participation agreement finally
5 approved after a lot of long, long, long work. That was
6 in your agenda to be voted on today. Let me maybe stop
7 there and I'd like a vote to approve the participation
8 agreement. I move that.

9 DR. AGRESTA: So you want somebody to make
10 a motion to vote?

11 MR. LYNCH: No, I move that we --

12 DR. AGRESTA: Okay.

13 MR. LYNCH: -- approve the participation
14 agreement proposed by the Legal and Policy Committee.

15 MR. CARMODY: I'll second to get it to the
16 floor.

17 DR. AGRESTA: Alright.

18 MR. LYNCH: So the -- it's very extensive.
19 It is version one only. It will obviously need
20 improvement over time. We have to get something in place
21 to go live at some point, and this is currently our best
22 shot. We have really done a lot of language working on it
23 and we think we've got a starter at least.

24 MR. CARMODY: John, has it been vetted with

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1 any of the people who would actually sign it, you know, so
2 that folks that are going to want to come in so that
3 they've looked at it and -- you know, if we approve it
4 tonight and we wanted to move forward, are there people
5 that we work with that said yup, I've worked along side
6 with you, I know what it is?

7 MR. LYNCH: I'll let Lori answer that in a
8 second, but there have been a number of people who have
9 been part of the process, including behavioral health
10 agencies in the state who have had probably more extensive
11 involvement in it. There's a national group that we've
12 kind of tied in that's kind of reviewing from a behavioral
13 perspective, things that we need to do and not do.

14 We're really more -- the lows are what's
15 going to come after this, which is the opt-in/opt-out kind
16 of stuff I'll get into in a minute. But as far as the
17 participation agreement goes, yes, we have had some but
18 there was never too much. So maybe Lori, you can --

19 MS. LORI REED-FORQUET: So we had --

20 COURT REPORTER: If you would bring that
21 microphone in front of you?

22 MS. REED-FORQUET: -- we had extended the
23 invitation to all of the Legal and Policy Committees
24 meetings that we've been developing this on to each of the

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1 pilot organization individuals that they chose to send.
2 And so to that extent, they've all been on the
3 distributions and meeting invites. Whether or not they
4 will actually sign the document as is written is anybody's
5 guess, but we have certainly made the -- and they have
6 participated. Not all of them with certain organizations
7 have been participating.

8 MS. MATTIE: Legal counsel review?

9 MS. REED-FORQUET: Yes, legal counsel
10 generated it in the focal point of the --

11 MR. LYNCH: Legal counsel has had multiple
12 reviews at various ways along the way.

13 DR. AGRESTA: I mean, it certainly looks
14 pretty comprehensive from kind of reading through it. It
15 looks like you guys did an excellent job of trying to
16 handle all of the major components of these types of
17 agreements, so I really applaud you for the work you've
18 done on it. Thank you.

19 It's certainly been a lot of work to get to
20 this point. I mean, in my reading through it except for
21 noting that maybe we need to make sure that the website is
22 updated to the right one when we do that and, you know,
23 minor typo one or two here or there, I didn't see anything
24 that was substantially challenging. My only question

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1 being, you know, will people sign it? Because it does
2 sort of put a fairly protective layer around HITE-CT, and
3 that's the question I have, whether they'll push back with
4 regards to that? I don't know.

5 MR. LYNCH: I think we won't know that
6 until we approve this and try to get them to sign it
7 because I don't think -- at this point they're not
8 stepping forward to say they won't sign it or anything
9 else. There seems to be -- things are okay, but that's
10 why I say this is version one that could be improved in
11 the future. But we may not know that next step until we
12 actually approve it and try to get someone to sign it and
13 they react to it.

14 DR. AGRESTA: And then you'll know what
15 they're reacting to specifically.

16 MR. LYNCH: Right.

17 MS. REED-FORQUET: Yes, and I can say that
18 I don't think anybody's legal counsel per se was sitting
19 on those Committee meetings. So, you know, indeed when
20 they send it off to their own legal counsel they are very
21 likely to come back with some questions.

22 MR. LYNCH: We did have a lot of input from
23 CHA's legal counsel on the way on this --

24 MS. REED-FORQUET: Yes.

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1 MR. LYNCH: -- so it's not --

2 DR. AGRESTA: That's helpful.

3 MR. LYNCH: -- yeah, but that's --

4 DR. AGRESTA: That's very helpful.

5 MR. GILBERTSON: Yeah, and I will also say
6 right now the participation agreement is comprehensive and
7 that it covers everything that would be necessary for a
8 full HIE query and retrieve scenario where we're storing
9 PHI. But it's the same agreement we're going to use
10 starting out with Direct and if we are getting a lot of
11 resistance, if it's taking months to get through their
12 legal departments we might need to look at a scaled down
13 participation agreement for just Direct, which should flow
14 a lot easier through any kind of legal review because you
15 don't deal with as many issues around consent and you're
16 not dealing with as much exposure to PHI and those tech
17 things.

18 But right now our hope is that everybody is
19 able to approve this participation agreement as is so that
20 we don't have another step to go through in the future
21 once we try to move to add different additional services
22 to the HIE.

23 CHAIRPERSON MULLEN: Yes, Brenda?

24 MS. KELLEY: I just have -- you mentioned

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1 you were going to talk about consent and I'm looking at
2 page 4. And it says however, the data recipient -- this
3 is under 3.4, the data recipient will have the ability to
4 verify consent within the HIE as required by the policies
5 and standards as identified in the project addendum or as
6 otherwise required by law.

7 Is that the policies and standards that
8 have already been adopted?

9 MS. REED-FORQUET: Yes.

10 MR. LYNCH: Yes.

11 MS. KELLEY: Because they're not attached
12 to this.

13 MS. REED-FORQUET: Correct.

14 MR. LYNCH: Correct.

15 MS. KELLEY: Right, okay. And is there
16 anything else that you wanted to say, because I missed a
17 couple of these meetings and you said missed this so
18 that's why I'm asking?

19 MR. LYNCH: Well there's a lot more to go
20 on, I'll call it the consent side. It's not necessary in
21 this. I would prefer to look at this first. It really
22 doesn't have anything to do with this, it's really more
23 the consent process. And I'd like to take that up after
24 we --

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1 MS. KELLEY: Okay.

2 MR. LYNCH: -- you know, it's a different
3 subject. We have this on the floor --

4 MS. KELLEY: But there's no surprises here
5 because it is the policies that we adopted?

6 MR. LYNCH: Correct.

7 MS. REED-FORQUET: Yes.

8 MS. KELLEY: And basically the consumer
9 principles that we adopted?

10 MR. LYNCH: Correct.

11 MS. REED-FORQUET: Yes.

12 MR. LYNCH: Correct.

13 MS. KELLEY: Thank you.

14 CHAIRPERSON MULLEN: Let's try -- well
15 first, can I say thank you? May I? Thank you. I just
16 know how hard you've worked on this and for how long, and
17 I hope you feel a little relieved to get to V-1. But
18 maybe we should vote first, alright. So move to approve
19 V-1 of the participation agreement?

20 MS. KELLEY: I move to --

21 ALL VOICES: Aye.

22 MS. KELLEY: -- I thought we didn't have --

23 CHAIRPERSON MULLEN: Okay, well --

24 ALL VOICES: Aye.

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1 CHAIRPERSON MULLEN: Alright, is there
2 anybody who opposes or wants to abstain? Keep it simple.

3 MR. RODERICK BREMBY: I want to abstain.

4 CHAIRPERSON MULLEN: Okay, thanks.

5 MR. BREMBY: I just haven't had a chance to

6 --

7 CHAIRPERSON MULLEN: Yeah, I understand.

8 MR. LYNCH: That leaves with the lows, that
9 was the high. We actually made it through that whole
10 work, etc. Now the lows being the consent process. So we
11 have this catch-22. You know, we had started out with an
12 opt-in form for sensitive data, an opt-out form. We had
13 like four different option forms in various detail, etc.,
14 and when you start to look at them from a workflow issue
15 which, you know, hopefully the Business and Operations
16 will pick up one of these days, it says it ain't gonna
17 fly.

18 There's no way that a provider's front desk
19 can figure out okay, we've got four different forms here
20 and which one are we using here at this point, you know,
21 and try to explain that to a patient, etc. There's no way
22 that's going to fly. And discussions around well, maybe
23 there should be like more of a central process through
24 HITE, you know, kind of like your do not call list, etc.

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1 If you're on a phone, well, we don't necessarily have
2 staff or a budget or anything to have a central approach
3 from that perspective. So we're kind of left with how do
4 we operationalize any consent process, number one, because
5 -- and then two, there's a technical side to that.

6 So some work that Lori brought forth from a
7 national level show that it's not just Connecticut, but
8 around the country there are technical challenges to
9 consent processes and how do you get the sensitive data
10 defined and make all of that sensitive data operational
11 components work. And so it's a technical issue both from
12 a HITE perspective that maybe HITE might have components
13 available, might not have components available through
14 safe -- I mean, through our own central component. But on
15 the other hand, does it mean the EHRs of the doctors or
16 the hospitals have those capabilities built into their EHR
17 to do that? And you need both ends of the equation to
18 have your system work. You know, you can't just have a
19 phone on one side and a telephone line going to nowhere.

20 So you've got to have systems on both sides
21 that make it operational and so there's technical
22 challenges, there's operational challenges to make that
23 kind of stuff work. And so we're kind of in the middle of
24 a, where do we go now if there's no budget, no central

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1 component? There's no way to make this operational in,
2 you know, four or five different forms. If you try to
3 combine it into one form can you get that to work? By the
4 way, we're talking forms. You know, in the electronic
5 world do we need paper, do people actually -- how do we
6 get this paper if that's the case off to HITE or whatever
7 so we know that someone has done that? And by the way,
8 you've got push/pull operations here.

9 So is it the data -- you know, which side
10 of the equation has to get the consent and does it mean
11 that both sides have to get it on every visit because
12 there's no way to operationalize it so everybody's got to
13 collect it on every visit? And so that's where we're
14 bogged down. I see you smiling.

15 MR. CARMODY: That's only because I just --
16 I've spent so many hours with this every single day and it
17 just makes your head spin, so. I don't even know what to
18 say.

19 DR. AGRESTA: And in all those hours you
20 haven't come up with solution Dan?

21 MR. CARMODY: No -- I mean, because I think
22 part of it gets into -- I mean, the intent here is the
23 balancing act. The balancing act is how do you enable a
24 free flow of information that takes into considering the

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1 privacy needs as the laws are written without getting into
2 the operational --and it is, it's an operational nightmare
3 around if you overcomplicate it.

4 You know, so I mean there has to be a
5 balance between providing the ability for people to
6 whatever you decide, opt-in/opt-out and when do you do
7 that, so. I'll just use an example. So the -- so as I've
8 been looking at it and not, you know, as a business person
9 who has to operationalize it but also working with various
10 legal counsels not only within my company but actually
11 within CACs and everything else you get into. You know,
12 their -- you know, as long as you have an opt-out policy
13 that allows people to exchange data, you can do that. But
14 I think that the smile was on the sweet spot.

15 You can do that within -- with everything
16 except sensitive data and sensitive data as we've looked
17 across it as a common denominator, it's alcohol and
18 substance abuse, there are federal laws. And then you get
19 into the whirlwind of privacy laws at the state levels
20 and, you know, at least you're dealing with one state. I
21 mean sometimes I have to deal with 50, so that we just
22 took a common denominator approach and I said look at, I'm
23 just going to blanket this with it -- you know, age, HIV,
24 genetic testing, you know, the big hitters where there is

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1 a click of restrict it all.

2 And if you do that, then you need an opt-in
3 because in order to transmit sensitive data you actually
4 have to have consent. You actually -- you have to have
5 consent, you can't do an opt-out model. That works on
6 everything except that.

7 MR. LYNCH: Interesting that the new ACO
8 model from the CMS is an opt-out model. So the new ACO
9 people who are applying, I think there's two in the state
10 at the moment --

11 MS. KELLEY: ACO --

12 MR. LYNCH: Accountable Care Organization
13 is --

14 MS. KELLEY: -- oh okay, thank you. Yeah,
15 I know what it is, yes.

16 MR. LYNCH: -- the new payment reform
17 approach where the federal government would do a shared
18 savings with providers. So in Connecticut, I think it's
19 Prime down in Bridgeport -- Prime Ed down in Bridgeport
20 and MPS, it used to be Middlesex but it's statewide now,
21 Professional Services, and they've both been approved at
22 the moment as the first two ACOs in the state. Now, they
23 have to implement an opt-out process with Medicare where
24 they have to mail every one of their recipients a notice

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1 and if the Medicare recipient doesn't respond they're in.

2 So it's kind of a default opt-in, that's
3 the process. Well, we can in theory propose something
4 similar I suppose if we had the central budget, etc., to
5 do a -- I'll call it a mass mailing to everybody to say if
6 you don't respond you're opted-in kind of thing. But
7 again, how to operationalize that in a limited budget is a
8 challenge.

9 CHAIRPERSON MULLEN: So in the spirit of
10 sticking with the updates and understanding that we're
11 getting into the substance of what the Committee is
12 tackling, I would encourage everybody to solve the issue
13 and get back to you with the solution, so -- or Dan.

14 MR. CARMODY: I'm commiserating with him I
15 guess.

16 CHAIRPERSON MULLEN: And let's move on to
17 Special Populations, thanks.

18 MS. KELLEY: The Special Populations hasn't
19 met.

20 CHAIRPERSON MULLEN: Okay.

21 MS. KELLEY: And I was pleased that the
22 website that is up and running does have the work that
23 we've done to date. It's reflected and I think the
24 Committee members would be happy to see it because I think

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1 it does reflect the work that's been done to date. I've
2 been punting on calling the meeting because of the tenuous
3 situation we're in around Axway around who's signing up,
4 about finances, and I don't see anything other than this
5 issue, which obviously I think we do need to be involved
6 in. But a lot of the work that I heard us say we're going
7 to be doing first isn't really heavily consumer oriented,
8 which could be good because we have time to really work
9 out some of the stuff that John is talking about. But I
10 hesitate to call a Committee meeting --

11 CHAIRPERSON MULLEN: Okay.

12 MS. KELLEY: -- if I really don't know what
13 to tell the Committee --

14 CHAIRPERSON MULLEN: That's fine.

15 MS. KELLEY: -- about where we are as an
16 organization right now and at what stage are we going to
17 really need to have, you know, all the answers that John
18 just --

19 CHAIRPERSON MULLEN: Okay.

20 MS. KELLEY: -- so I punted on that. But I
21 do think we need to get -- Lori is going to be sending
22 something out to check on who wants to still be involved.
23 And I do think we need to get a Committee meeting maybe in
24 September, but it's going to be more -- I mean, we need to

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1 be ready to tell them --

2 CHAIRPERSON MULLEN: Fine.

3 MS. KELLEY: -- you know, what the
4 decisions of the Board are and where we're going and what
5 pieces of that apply to consumers in the early stages of
6 what we're doing.

7 CHAIRPERSON MULLEN: Thanks. Thank you,
8 and the Technical Committee.

9 MR. PETER COURTWAY: The Technical
10 Committee did meet and reviewed the --

11 COURT REPORTER: I'm sorry, can you bring
12 that microphone and --

13 MR. COURTWAY: The Technical Committee did
14 meet and withdrew the on-boarding form that follows the
15 participation agreement to bring everybody onboard. And
16 the Community Health Center did run through the on-
17 boarding agreement and we provided some feedback as a
18 Committee. Overall I can tell you that the process worked
19 very well, the people within it. We're evaluating the
20 timings of how long it takes to go through that agreement
21 and doing some minor tweaks to it.

22 I think at this point we have a complete
23 on-boarding agreement, which can be distributed and we
24 will orient -- you know John, anything else you want to

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1 talk about at the meeting?

2 MR. DeSTEFANO: The other thing that we did
3 mention for the next meeting, we'll have a more technical
4 deep dive on the whole Direct process and how that might
5 work and what the Technical Committee would be charged
6 with around implementing that.

7 MR. MARK HEUSCHKEL: You said you worked
8 through what you believe the length of time the on-
9 boarding would take. What was that specifically for, was
10 that for a full HIE record locator service-type thing or
11 was that for more of a Direct thing, and what did you
12 think the time was?

13 MR. COURTWAY: I think it took us about two
14 hours or so, you know, I think to go through it.

15 MS. REED-FORQUET: So there's enough --
16 it's actually a very comprehensive on-boarding process
17 that we've been specifying. It includes standard
18 operating procedures that we're spelling out in support of
19 any given activity. And so we've identified what we
20 expect the steps to be. We've identified a model project
21 plan. We've identified a model kickoff meeting, and I'm
22 kind of constraining it down.

23 So we've now executed our model kickoff
24 meeting, which it took us a little bit more than the two

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1 hours, but we think that we can actually fit it within two
2 hours if we stick to it. We've got some on-boarding
3 slides, some initial slides which will vary based on an
4 organization's use cases that they select when they fill
5 out a form that the Technical Committee helped to develop
6 that -- it's more detailed than what we recruited with.
7 But, you know, who the contacts are, what your goals are,
8 which services and products you're interested in from the
9 organization. You know, trying to turn it into an
10 operational process.

11 DR. AGRESTA: Alright, that was helpful.

12 CHAIRPERSON MULLEN: Thanks. Okay, ready
13 to move back up?

14 DR. AGRESTA: Yup.

15 CHAIRPERSON MULLEN: Agency business.

16 MR. GILBERTSON: Okay. I will let you know
17 first of all, we are still in the hiring process. There's
18 two positions that we're still hiring. We are -- had our
19 first round of interviews for our program development
20 position, which is really our marketing and our grant
21 writing and seeking of stakeholder engagement. So that
22 position is hoping to wrap up next week, we'll have a
23 selection.

24 And then there's one more position behind

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1 that that is in the budget, and that is for a customer
2 relations manager, our help desk, and that position we
3 have the resumes in. We just haven't started going
4 through those yet, so those actions are in process. I did
5 want to -- I think Dan mentioned that we did get a renewal
6 of our Directors and Officers insurance. Right now the
7 limit, it's the same as it was last year. It's a \$1
8 million policy. We are inquiring as to whether or not we
9 can get additional coverage and again, once we get the
10 pricing for that we'll work with the Executive Committee
11 to figure out whether or not we really want to add
12 additional coverage for the pricing that they come back
13 with.

14 I will tell you that most organizations
15 I've checked with are looking at limits, you know, around
16 \$5 to \$10 million worth of coverage. So \$1 million is
17 definitely on the low end but again, it depends on what
18 kind of offers we're getting from these carriers --
19 insurance companies. We are -- we did submit our PIN
20 update. I will tell you though, we have some immediate
21 targets that we have to be focused on. We have to get our
22 laboratory connected, both a hospital laboratory and a
23 civilian laboratory, sending lab results back to
24 providers. And we set a target for November 1st of

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1 hitting that. We also have to -- we also said that we
2 would get at least 100 providers enrolled in Direct, not
3 only for laboratory results but also for care summaries.
4 So that's the target that we have ONC. Actually the care
5 summary target is the end of September.

6 So again, we have to really focus and
7 really identify some target sites for Direct and get those
8 implemented as quickly as possible.

9 MS. KELLEY: Can you -- I got the lab
10 needing to be connected. You said 100 providers?

11 MR. GILBERTSON: One Hundred providers --
12 secure at least 100 provider enrollment in Direct for lab
13 exchange and 100 for care summary. And they can be the
14 same providers. I mean -- and I think we can double count
15 there, but they just want to make sure that we're moving
16 forward in both lab exchange and also care summary
17 exchange.

18 MS. KELLEY: And the target date for that
19 is?

20 MR. GILBERTSON: The lab is 1 November, and
21 the care summary is 28 September. I can send this out --
22 I can send these out to everybody on the Board so you can
23 see all the PIN projections and milestones.

24 CHAIRPERSON MULLEN: Does everybody

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1 remember what the PIN is? This is not a test.

2 MS. KELLEY: This is what ONC requires.

3 CHAIRPERSON MULLEN: Right, the Program
4 Information Notices that they will send. We talked about
5 one months ago when we were talking about the need to have
6 392 providers, okay, so.

7 MS. KELLEY: But this is with us, this is
8 not with the Resource Center, the other group?

9 MR. GILBERTSON: This is -- we are working
10 with the REC. We're meeting this week actually --

11 MS. KELLEY: With the REC, that's it?

12 CHAIRPERSON MULLEN: Regional Extension
13 Center.

14 MR. GILBERTSON: Right. We're meeting this
15 week with their Direct contractors that are rolling out
16 the meaningful use --

17 MS. KELLEY: Ahum.

18 MR. GILBERTSON: -- and we will be working
19 with them, yes. I think the 392 number was a percentage
20 of the REC number for enrollment of providers, but they
21 don't have to be the same providers. So we just have to
22 hit -- we have to hit the -- the targets I just mentioned
23 are ones that we provided to them. So we said 100 of
24 each, and so that's the target that we're looking at.

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1 MS. KELLEY: Okay here's my question, and
2 it may be a very dumb question but I'm going to ask it
3 because I was on the phone at the last meeting but I
4 couldn't hear half the time. So maybe this all got
5 covered and I didn't get it.

6 I thought that we were talking about a
7 phased implementation with the first thing we're working
8 on being secure messaging. Isn't that what we said at two
9 meetings ago that we were talking about and we were having
10 a debate over whether or not we just do that or whether or
11 not we do that and continue with a small pilot that would
12 test some of these other things? And I don't know how
13 that ultimately got resolved but I saw the stuff for the
14 last meeting and it seemed like that we had a phased
15 approach with some of what I'm hearing this to be, not
16 happening for a year or so. This is why I've been
17 confused at Special Pops too as to when exactly does the
18 consumer stuff really start to matter.

19 And so if this 100 providers are enrolled
20 with the REC and it can be done through ProHealth or all
21 the other places that are doing some level of health
22 information exchange I'm not so worried, but do we have
23 anybody enrolled right now?

24 MR. GILBERTSON: In Direct, no.

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1 MS. KELLEY: In anything?

2 MR. GILBERTSON: No.

3 MS. KELLEY: Okay.

4 MR. GILBERTSON: We've got work to do.

5 MS. KELLEY: So how are we going to do

6 this, I guess that's my --

7 MR. GILBERTSON: Yeah.

8 CHAIRPERSON MULLEN: Okay, Peter.

9 MR. COURTWAY: I was going to say in terms
10 of --

11 COURT REPORTER: I'm sorry, can I bring
12 that microphone here please?

13 MR. COURTWAY: -- we think of this, in
14 terms of getting folks enrolled but Community Health
15 Center, is one of the HIT clients, you know. And is
16 representing 130,000 patients in the state, across the
17 state. There's 13 primary sites, 218 sites in total, and
18 we are chomping at the bit as an organization to move the
19 agenda forward to both do the Direct pieces that need to
20 be done as well as the full span of what an HIE can truly
21 do.

22 So, you know, this is poised. You have at
23 least one very large customer covering many regions across
24 the State of Connecticut that is ready to go.

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1 MS. KELLEY: But wasn't that the issue that
2 we talked about, about -- because I think the issue was
3 the area of did we need to have a higher level of
4 insurance to protect against breaches and how much that
5 would cost? And so I know that there was a debate going
6 on between various members of the Executive Committee over
7 whether or not it's better to just do the secure messaging
8 or -- which I think David was recommending, continuing
9 with the pilot as well, and I --

10 CHAIRPERSON MULLEN: I thought you said you
11 couldn't hear? You're right on, you're right on.

12 MS. KELLEY: Well, I didn't hear on the
13 last call, but I think I heard a lot on the earlier
14 meeting which is why I made certain I was here tonight to
15 find out what's going on.

16 CHAIRPERSON MULLEN: You're right on.

17 MS. KELLEY: Right, okay, but I don't still
18 know what we've ultimately decided and how we're going to
19 get to what we said we're saying to ONC, you know, to meet
20 this PIN by the dates that we're talking about.

21 CHAIRPERSON MULLEN: So since it's the CEO
22 report, I'm going to sit and let you answer that.

23 MR. GILBERTSON: Yeah, I mean that's a good
24 question. So the focus is Direct, the numbers I mentioned

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1 are Direct. And I think what Peter was saying is they're
2 going to -- you know, they're not just looking at the full
3 HIE, they're also looking at adopting Direct. And so that
4 would help us achieve sort of that milestone for ONC,
5 which I think is important for us to achieve. The
6 question of whether or not we're doing the pilot really, I
7 don't think we took -- I am not sure that we really made a
8 definitive vote on that.

9 I've been moving forward with the
10 assumption that we were going to see what the pilot would
11 cost us and see if we could find funding for that pilot
12 and bring that back to the Board. But in the meantime we
13 were working to define the pilot, because I think there's
14 a lot of people that believe that Direct is good. But if
15 we don't keep moving forward on the pilot it's going to
16 take us longer to get to the lessons learned to
17 operationalize a larger set of services that we think we
18 ultimately want to get to. So we recognize the purpose of
19 the pilot is to give us as early feedback and early
20 information as to the challenges we're going to have
21 whether it be around consent policy, whether it be around
22 technology, whatever, but to define it in a way such that
23 we've minimized our exposure to deal with the legal issue
24 and the challenge.

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1 And we also understand that we have a
2 partner here that understands that we're not -- you know,
3 we're beta version here and we're going to find bugs and
4 we're going to work together to sort out the bugs. So
5 that's sort of why, I think, we need to decide clearly the
6 focus is Direct, no doubt. But the question is, do we
7 shelf the rest of this for six months or a year until
8 we're, you know, ready to reengage and at that point will
9 we be again behind the power curve when it gets time to
10 start thinking about bringing up some of these services
11 that we ultimately know we're going to need and would we
12 have lost this opportunity to learn the lessons we need to
13 learn to be able to really roll out the type of services?

14 CHAIRPERSON MULLEN: So let me just
15 interject. Thank you for the explanation, but two months
16 ago we did vote. David presented a fiscal picture. We
17 talked about where we are operationally, we talked about
18 what we have the capacity to do and we talked about the
19 reality that thus far we're working with a \$7.4 million
20 over four year grant from the Office of National
21 Coordinator that in no way could support everything in a
22 robust exchange which has been our aspiration. It has
23 been our aspiration.

24 We did vote. We voted and I don't have the

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1 full text. We voted directing --

2 MS. KELLEY: I abstained, yeah.

3 CHAIRPERSON MULLEN: -- the CEO to --

4 MS. KELLEY: Yeah, I know we voted because
5 I abstained.

6 CHAIRPERSON MULLEN: -- to focus on Direct
7 understanding that once again with this project, this \$7.4
8 million that happens to be what's funding us to meet stage
9 one, us the State of Connecticut that we represent in this
10 work, to meet stage one meaningful use of health
11 information technology, it's really in alignment with the
12 direction along which the Office of the National
13 Coordinator has refocused a number of states who were very
14 aspirational, usually aspirational with a whole lot more
15 money to work with on top of it, than we have had.

16 Another piece of a conversation that's
17 reflected here again today is that there are some people
18 who are ready to perhaps move forward. But even though
19 they're ready to move forward, we still have some other
20 issues around Legal and Policy and Business and Operations
21 that wouldn't even necessarily support a full pilot even
22 if we were able to do it. The rest of the groundwork to
23 even have that happen for \$1 million, \$5 million or \$10
24 million worth of coverage for our exposure doesn't exist

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1 yet. Nevertheless, we have goals. We have another PIN.
2 We have work to do in a confined way at the same time that
3 we want to see a robust exchange by five years from now.
4 But in the meantime, yes, we focused on Direct.

5 Now, you know, I understand that there's
6 been some need to rethink what was it that we really voted
7 for. And maybe we have to pull that back out. But I
8 think you're correct and that's why I believe David also
9 mentioned that an entity like CHC might also be looking at
10 how to finance something beyond Direct? Because another
11 piece of it is, how do you pay for it? And all that
12 conversation rolled into the bigger discussion in May
13 around how we communicate that with Axway and how we as
14 we're looking at defining -- excuse me, or redefining our
15 scope, we also do that along side the people, the
16 organization, that's supposed to make this happen?

17 Am I saying something that doesn't mesh
18 with anybody's recollection from May?

19 MS. KELLEY: Well, when you're using the
20 word Direct --

21 CHAIRPERSON MULLEN: Direct.

22 MS. KELLEY: -- can you just tell me again
23 what that means?

24 CHAIRPERSON MULLEN: Ahum, yup.

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1 DR. AGRESTA: I thought you might have --
2 that it might be valuable to actually talk about secure
3 messaging versus Direct --

4 MS. KELLEY: That's what I -- yeah, okay.

5 DR. AGRESTA: -- and think there's a --

6 MR. GILBERTSON: There's a -- John has been
7 talking about --

8 DR. AGRESTA: -- and I think that John's
9 actually going to describe that because John has been
10 doing a very deep dive --

11 MS. KELLEY: Okay.

12 DR. AGRESTA: -- into Axway's capabilities
13 around Direct. But suffice it to say, secure messaging is
14 a form of Direct. Direct implies a whole lot more other
15 capabilities on top of that.

16 MS. KELLEY: Okay.

17 CHAIRPERSON MULLEN: The last thing that I
18 want to say that might not be reflected in anybody's
19 reports today but that's a reality, is that we, as the
20 Health Information Technology Exchange of Connecticut,
21 don't exist in a vacuum. We are one of the entities that
22 the federal government is funding to make the creation of
23 a sustained Health Information Exchange in Connecticut
24 work.

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1 CMS has a hand in it, the REC has a hand in
2 it, there are other entities. And my observation from my
3 conversations with the feds, our federal partners, is that
4 part of what they see needing to happen is that as we
5 reflect this work we need to be able to do it in a way
6 that shows we're working together to have this happen.
7 And we haven't had a whole lot of those conversations
8 here, but I think increasingly we have to do that. And
9 that's not to say we don't collaborate, but there's more.

10 There's more and in terms of our getting
11 people enrolled or wanting to participate, there's a role
12 that people like the REC, groups like the REC play to help
13 this happen. I know that there was a site visit, was it
14 July 6th?

15 DR. AGRESTA: July 2nd.

16 CHAIRPERSON MULLEN: July 2nd, alright.
17 Earlier this month on July 2nd, there was a site visit
18 from the Office of National Coordinator in which hopefully
19 -- and from that hopefully we're going to see how our
20 combined efforts helped recruit participation into this
21 and move us forward, so.

22 MR. GILBERTSON: Okay. Part of the update
23 that is due on August 13th is the Sustainability Plan, so
24 I'll be working with the Finance Committee on that. Part

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1 of that mean, you know, when you look at our current
2 Sustainability Plan there are elements in there that talk
3 about fee structures for payers. It talks about, you
4 know, Medicaid and CMS contributions. It talks about, you
5 know, what are reasonable fee structures for hospitals and
6 providers. So all of it has to be re-looked at because
7 ultimately, our sustainability really is tied to how we,
8 as a state, decide that we're going to allocate the cost
9 for an HIE and what types of metrics or measures do we put
10 in place to really determine who pays what and how much.
11 And so that's work to be done.

12 In that light, I have met with the
13 Lieutenant Governor, with the Commissioner and Secretary
14 Barnes to talk about potentially some state support in the
15 short-term. And Bettye Jo was instrumental in setting
16 that up. You know, we do have some immediate needs that
17 we're trying to see if there's some availability within
18 the state to help us out. In that meeting we did talk
19 about all the different levers of government and non-
20 governmental levers that we need to start looking at to
21 see how are we really going to build a sustainable program
22 here in the state. And the Lieutenant Governor was very
23 active in that discussion recognizing that there is a need
24 to compel some of this behavior. It's not natural, it's

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1 not incentivized necessarily and that it needs to be sort
2 of, you know, compelled is the best way to put that.

3 And we also -- I am -- I have sent the
4 letter. And I am meeting with Representative Ritter and
5 Senator Gerratana to talk a little bit about some of the
6 recommended legislative agenda that was in the Gartner
7 report and see if any of that makes any sense to them or
8 if they have some other ideas on how we can move that
9 piece of the agenda forward. There's no question in my
10 mind that the resources available to us currently are not
11 sufficient and we really have to look at a strategy that's
12 going to give us the resources we're going to need to be
13 successful even focusing on just the REC. And I have met
14 with Commissioner Bremby also and talked about a great
15 partnership there with Medicaid and I think that's very,
16 very promising. We certainly have Cinergy and Mission
17 there and we are working with the -- recently -- one of
18 the recently appointed ACOs to be part of their solution,
19 which is MPS.

20 So those discussions are ongoing, which are
21 all positive, and I think we're going to make a great
22 progress on that. I wanted to briefly present the benefits
23 package and hopefully get a vote on that today so that we
24 can start to -- we have one employee who currently has

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1 undefined benefits that we need to make sure that the
2 benefits are approved. And as I mentioned, we're in the
3 process of hiring two additional employees, so we really
4 want to have this finalized. And then we'll get it into
5 our HR manual, which is just pending the benefits piece.
6 And then we'll be able to present you an HR manual next
7 Board meeting for approval. So if you have the -- what
8 was sent out, does anybody need a copy?

9 Okay, so last time we came here we talked
10 about the way we were going to handle paid time off. And
11 we presented at that time a proposal of six holidays and
12 24 -- or 29 days of paid time off. Actually, what -- let
13 me back up. We actually had proposed a certain number of
14 sick days, a certain number of vacation days, a certain
15 number of holidays. And we were asked to go back and look
16 at PTO model, which we have done. And so what we have
17 looked at was bringing the number -- the total number of
18 PTO days to 30, but six of those days are going to be days
19 when everybody is going to be off. Those were the six
20 major holidays, so really you can look at this as 30 PTO
21 days but six of them are sort of mandatory, you have to
22 take these days.

23 What we decided to say is these are your
24 holidays and then you have 24 PTO days. So that's our --

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1 that was sort of a compromise in terms of recognizing the
2 fact that we are a startup. We don't have the resources
3 some of these other organizations have. But we did
4 benchmark it and attached is the benchmark of other quasi-
5 publics, the state agencies and even some local hospitals.
6 We are definitely on the low end of what we're offering,
7 but I think it's appropriate given where we're at. Any
8 questions on that? Okay, we are going to offer a
9 flexible savings account Section 125 Plan. That doesn't
10 cost the Authority anything, that's already been set up
11 through Paychex.

12 Disability leave unpaid, unpaid maternity
13 leave, 401K is the one that was set up that again, it has
14 already been set up. We're not really able to change it
15 at this point, it can be changed in the future, but it's
16 the five percent automatic and then a five percent match
17 with 100 percent vested from date of hire. That can be
18 re-looked at but when we do we just have to look at it in
19 relationship to our current agreement. The 457B is,
20 again, a no cost program that we're offering. It's
21 equivalent to the State's 457, but it's the one for the
22 municipalities and it's set up currently for HITE-CT. And
23 then lieu of insurance, there was some concern about how
24 that money got paid out and what the criteria would be.

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1 So we added some language that that would be used for
2 medical, dental, vision, prescription drugs, life, short-
3 term and long-term disability.

4 We also said that there had to be proof of
5 -- again, there was concern that people wouldn't buy
6 medical insurance. So we added that language that they
7 have to have health insurance. If they don't have health
8 insurance, they have to show proof of health insurance
9 before they get the stipend or -- you know, and then they
10 can use the remaining dollars on other types of insurance.
11 So it's really a flexible benefit package and it's not
12 unique. A lot of organizations actually do that. They
13 set aside a flexible benefit and you can allocate the
14 dollars based on your need, whether you want more dental
15 coverage or more disability coverage or more medical
16 coverage.

17 So it's not unusual, but I think it gives
18 -- it answers the concern about people not carrying health
19 insurance. And then a cell phone stipend, which is set
20 right now at \$40 every two weeks, a pay period. Okay, so
21 that's what I'm recommending.

22 MS. KELLEY: I don't want to interrupt you
23 if you're not done.

24 MR. GILBERTSON: I'm done.

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1 MS. KELLEY: Okay. Okay, I don't have a
2 problem with what you said but I can't make it match with
3 what I'm reading on the first page.

4 MR. GILBERTSON: Okay.

5 MS. KELLEY: I'm talking now about the PTO
6 not the rest of it. I think the rest of it is pretty
7 clear but --

8 MR. GILBERTSON: Ahh --

9 MS. KELLEY: -- the PTO, I mean the one
10 that -- and I was asking Bettye and we were both kind of
11 confused. Add one day of PTO per full year of employment
12 at fiscal year start for the first six years, maximum is
13 30 days. What does that mean?

14 MR. GILBERTSON: Yes, I'm sorry. I forgot
15 to talk about the vesting. So the other question is we
16 came in with the 29 days of PTO and we were asked to make
17 that vested. In other words you gain more time off, more
18 seniority you have in the organization. So what we are
19 suggesting is we add one day of PTO after a year's
20 employment up to 30 days. Thirty days would still bring
21 total time off of 36 days, where you look at 36 is at the
22 actual bottom end of what our --

23 MS. KELLEY: Where does it say 36? Oh
24 those six, okay.

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1 MR. GILBERTSON: Those six, yeah. And if
2 you look -- and the reason, you know, if you look at the
3 other quasi's, the lowest on there is 35 for under five
4 years. But it goes all the way up to 60 days for the
5 Housing Authority.

6 MS. KELLEY: Okay, so the -- but I think
7 maybe what would make it clearer to me anyway is if we
8 could say what the starting point is and then what I think
9 you're saying here is that you're improving that for an
10 individual every year they work.

11 MR. GILBERTSON: Right.

12 MS. KELLEY: Alright --

13 MR. GILBERTSON: The starting --

14 MS. KELLEY: -- so what is the starting
15 point, six vacation day -- the six vacation days are
16 rolled into this?

17 MR. GILBERTSON: There's 24 PTO and six
18 holidays.

19 MS. KELLEY: Okay, 24 PTO --

20 MR. GILBERTSON: You're starting at 30 --
21 so 30 days after one year of employment, 31 days after
22 five years employment, 35 days and that's it.

23 MS. BETTYE JO PAKULIS: So David, from the
24 time I walk in the door I've got 30 days, or do I have to

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1 work a year before I get anything? How does --

2 MR. GILBERTSON: The time you walk in the
3 door you get 24 days plus the six days of -- six holidays.

4 MS. PAKULIS: Oh. And then if I left after
5 three months do I get that? Is it a payout?

6 MALE VOICE: It's prorated.

7 MR. GILBERTSON: The -- it depends on how
8 we write it. Right now it says -- right now the way I
9 wrote it up, no.

10 MS. PAKULIS: Okay.

11 MR. GILBERTSON: Unused PTO will not be
12 paid --

13 MS. PAKULIS: Oh I see it, I see it.

14 MR. GILBERTSON: It says PTO will be
15 deducted from final pay. In other words, you get it all
16 up front but if you leave before you use it all it would
17 be -- that's not the way that they're set up now but
18 that's what we're proposing.

19 MS. PAKULIS: I see, thank you.

20 MR. GILBERTSON: It would be prorated.

21 MS. KELLEY: I think it might be clearer to
22 me -- it doesn't make sense to me to say that it's
23 deducted. I didn't understand that but what you're saying
24 is you're not paying anybody when they leave for any of

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1 their unused PTO.

2 MR. GILBERTSON: That's right.

3 MS. KELLEY: I think that's a clearer way
4 of saying it.

5 MR. COURTWAY: I don't think that's what
6 this says. You know, I think -- clarify this for me
7 please David?

8 MS. KELLEY: Yeah --

9 MR. COURTWAY: I think that what this says
10 --

11 CHAIRPERSON MULLEN: Sorry Brenda, I think
12 you want to hear this.

13 MS. KELLEY: Yeah, okay.

14 CHAIRPERSON MULLEN: I think.

15 MR. COURTWAY: I think that what this says
16 is, when you're hired you will immediately have in your
17 bank of 24 days?

18 MR. GILBERTSON: Right, and six holidays.

19 MR. COURTWAY: If you left two weeks later,
20 you would be paid out for those 24 days.

21 MR. GILBERTSON: No, that's not what this
22 says. If you look at the last bullet --

23 MR. COURTWAY: So if I work for two weeks,
24 I give a month's notice but I still have the 24 days? I

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1 take the 24 days before I go? It seems to me --

2 MR. GILBERTSON: Say again?

3 MR. COURTWAY: -- it seems to me that it's
4 all up front.

5 MR. GILBERTSON: That's how most PTO is.

6 MR. COURTWAY: That's not how I -- that's
7 not been my experience. You may be right but that hasn't
8 been my experience.

9 MR. GILBERTSON: Yeah.

10 MR. COURTWAY: My experience has been that
11 you accrue hours each pay period that you work and that
12 you can sometimes go into debt to the organization for it
13 but it's not up front that you have that to take as soon
14 as you're hired.

15 MS. REED-FORQUET: John, do you want to
16 share? Hartford Hospital did it in a similar way and you
17 had explained it to me.

18 MR. DeSTEFANO: Sure, and that was a recent
19 change at Hartford but basically yeah, all the PTO days
20 were all up front. But if you left you would only be paid
21 for what you had accrued if you didn't use them. So if I,
22 you know, only worked a week I would of only accrued four
23 hours.

24 MR. COURTWAY: But I don't think that's

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1 what this says.

2 MS. KELLEY: That isn't what this says
3 either.

4 CHAIRPERSON MULLEN: And how about if you
5 work for four months and you use all your time up in those
6 first four months and then you say thank you and you left?

7 MS. KELLEY: Yeah, that's what I would do.

8 CHAIRPERSON MULLEN: Right, I mean I
9 understand that there are variations. I also know that we
10 know of situations in which people work for six months
11 before they take any time. They work a certain number of
12 months before they even start to accrue time. So for
13 whatever this is supposed to mean, if we agree to what
14 it's supposed to mean then we really need to look at the
15 language to make sure the language reflects that.

16 MR. GILBERTSON: And then I have --

17 CHAIRPERSON MULLEN: Right now we are not
18 quite -- we haven't agreed to what we want to see offered.

19 MR. GILBERTSON: -- yeah, let me go through
20 these bullets one by one --

21 DR. AGRESTA: One moment Dave please.

22 MR. GILBERTSON: -- ready, okay. So the
23 first bullet was yes, as you have seniority in the
24 organization you gain more vacation time, that's not

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1 unusual. For recruitment purposes though, I did say that
2 the CEO would have the ability to offer additional PTO up
3 to the 30 days. And looking at, for example someone that
4 you're recruiting like John into the organization with PTO
5 from his prior employer, that could be a big issue for us
6 as a recruiting -- I think that flexibility needs to be
7 there.

8 PTO would start at the beginning of the
9 fiscal year, it would be prorated as date of hire and on
10 termination. So that meant to say -- basically what John
11 said, that if you didn't "earn all your PTO upon
12 termination" it would be prorated. So if you had 24 days
13 and you left after six months, you will "earn 12 days" and
14 that's what that's intended to say.

15 MS. PAKULIS: But if you have taken more
16 than those 12 days what happens at that point?

17 MR. GILBERTSON: Excess PTO days will be
18 deducted from the final pay upon termination. So that's
19 the next bullet. So if you took more than 12, you would
20 deduct those upon termination. Okay, so the legalese here
21 maybe needs to be tightened but the intent was to address
22 all those issues.

23 Employees can carry forward up to 20 days
24 of PTO from one fiscal year to the next and unused PTO

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1 will not be used at appointed time in termination. Again,
2 the primary thing there is if you're relieving somebody
3 for cause then, you know, you're not going to pay them out
4 their PTO. Will someone be incentivized to use up all
5 their PTO before they leave? Sure, but that's okay. I
6 mean, everybody does it. That's not unusual and that's
7 just the way -- I think that's a normal business practice.

8 MS. PAKULIS: David, is there a limit --
9 okay, so if I carry 20 PTO days to next year I would have
10 to use some not to lose some because I can only carry 20
11 each year, is that correct? So I couldn't end after five
12 years with about 100 PTO days --

13 MR. GILBERTSON: No, no --

14 MS. PAKULIS: -- you have to -- you've cut
15 it off?

16 MR. GILBERTSON: -- you can only carry it
17 to 20, so anything above that you can't carry forward.

18 MS. PAKULIS: You use it or you lose it.

19 MR. GILBERTSON: Yeah. Which is -- again,
20 you know, we could go back to our original proposal which
21 was an accrual basis with so many hours of vacation and so
22 many hours of sick leave per pay period.

23 MS. KELLEY: Or so many hours of PTO.

24 MR. GILBERTSON: What's that?

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1 MS. KELLEY: So many hours of PTO.

2 MR. GILBERTSON: You can. Again, you know,
3 considering our staff, the size of the staff and the
4 amount of overhead associated with trying to track and
5 keep track of all this, we wanted a very simple model that
6 would be easy to administer and easy to track. And
7 considering the type of employee that we're hiring, at
8 this stage, you know, I don't think we need to be too much
9 in the business of micromanaging that.

10 MS. KELLEY: But you're -- okay first of
11 all, I would not vote to approve this until this gets
12 rewritten. Even if what it is rewritten to is what you're
13 proposing, because I didn't understand it and I think the
14 conversation we're having shows that other people didn't
15 understand it. So you want to be sure that everyone knows
16 what this means, okay?

17 But I -- so that's my opinion about
18 rewriting. But I have an opinion about the process. I
19 can understand why you don't want to have to deal with the
20 accrual thing every -- you know, that's hard to keep track
21 of. We don't have a payroll service yet? Who's doing
22 payroll, how do we handle payroll?

23 MR. GILBERTSON: We do, we do.

24 MS. KELLEY: Well, if you have a payroll

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1 service they should be able -- that should be part of the
2 thing that they could easily do.

3 CHAIRPERSON MULLEN: Is it okay if I take
4 what you said about needing to see it rewritten, and since
5 I'm reading through my own interpretation the group --

6 MS. KELLEY: Ahum.

7 CHAIRPERSON MULLEN: -- is it all right for
8 us to be sensitive to the fact that this is actually
9 important to employees --

10 MS. KELLEY: Ahum, sure.

11 CHAIRPERSON MULLEN: -- and ask to see
12 another version so that we can move it forward, because we
13 still have some other things --

14 MS. KELLEY: Sure, fine with me.

15 CHAIRPERSON MULLEN: -- significant things
16 to get to on the agenda?

17 MS. KELLEY: That's fine with me.

18 CHAIRPERSON MULLEN: Okay.

19 MR. GILBERTSON: Okay, were there any other
20 questions on any of the rest of it besides the PTO?

21 MR. COURTWAY: Yes, I think I have a
22 question on the stipend for every six months. I think I'd
23 prefer to see that paid out monthly as opposed to six
24 months in advance.

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1 MR. GILBERTSON: Okay. Do you want to --

2 MR. COURTWAY: For when you rewrite it.

3 MR. GILBERTSON: -- yeah, I'm trying to
4 think of logistically how that -- okay.

5 MR. CARR: Would we feel comfortable that
6 the Executive Committee could incorporate changes and
7 approve it, or does it need to come back to the Board
8 after these comments are addressed?

9 CHAIRPERSON MULLEN: I would recommend that
10 after we see something we bring it back to you. We saw
11 another version of this and thought it was important for
12 you to see it, and I would recommend that you let us do
13 that.

14 MR. GILBERTSON: So logistically are
15 waiting for another -- till August 20th, to be able to
16 approve a benefits package or is there another way to do
17 that?

18 CHAIRPERSON MULLEN: Why don't -- if you
19 send us the draft we'll start working within the Executive
20 Committee --

21 MR. GILBERTSON: Okay.

22 CHAIRPERSON MULLEN: -- and then, let's see
23 --

24 DR. AGRESTA: But I think you're asking for

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1 the capacity to move it forward in some fashion not just
2 to wait till August?

3 CHAIRPERSON MULLEN: If it gets to the
4 point where we look like we have something to approve, we
5 can always ask to have an emergency meeting of the Board
6 by phone with a specific agenda item, just this thing, and
7 do something by phone. That would be another -- just this
8 thing, and we can do it that way as well.

9 MS. KELLEY: I think it's important for the
10 Board to vote on.

11 CHAIRPERSON MULLEN: Okay.

12 MS. MATTIE: We're trying to be sensitive
13 to the employee issue.

14 CHAIRPERSON MULLEN: Yes.

15 MS. MATTIE: Is it possible to approve the
16 document with caveats with your comment in terms of the
17 accrual, take out the PTO with the caveat that the PTO
18 section will be rewritten and perhaps put that out to the
19 Board for a telephone vote or an e-mail vote? Can we do
20 that?

21 MR. GILBERTSON: You can approve all the
22 benefits except PTO at this point if that's the one you
23 want rewritten.

24 MS. MATTIE: If there are no issues with

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1 the other benefits.

2 MR. GILBERTSON: Right.

3 MR. COURTWAY: There almost are no other
4 benefits.

5 MS. MATTIE: Well --

6 MS. KELLEY: Well there's a stipend,
7 there's a salary.

8 MR. GILBERTSON: And we can change the
9 stipend to monthly.

10 CHAIRPERSON MULLEN: I -- we have a lot
11 left on the agenda, and I think that even if we tried to
12 do that it would take us into more conversation about this
13 agenda item right now that would probably better do
14 justice to all of this if we try to work expediently after
15 --

16 MS. MATTIE: Okay.

17 CHAIRPERSON MULLEN: -- thank you though.

18 MR. GILBERTSON: Okay, Dr. Mullen mentioned
19 the Board. We have two vacant positions. We have had
20 three individuals reappointed at the last Board meeting.
21 Kevin Carr has been reappointed for a four year term, it
22 ends in September of 2015. Angela Mattie the same thing,
23 and Steven Thornquist, Dr. Thornquist has also been
24 appointed for another four year term.

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1 We have two vacancies and two individual --
2 two positions that are going to be coming vacant in
3 September that have to be filled. So I think when we
4 talked about it at the last Executive Committee is to --
5 if you have ideas, especially for the vacant positions of
6 people that we could potentially nominate, and then we
7 will work with the appointee/appointer and offer some
8 suggestion of who might best fit for that position. So if
9 you have those, send them to Chris Kraus as
10 recommendations and why and what skills -- think about
11 what skill sets we really need on the Board in terms of
12 what we're trying to achieve.

13 MS. PAKULIS: David, on the Governor's
14 appointment to be named, was there somebody ever since --

15 MR. GILBERTSON: Yeah, we got to change all
16 the names of the appointers. We'll do that --

17 MS. PAKULIS: -- there was somebody, okay,
18 because I sit on the Boards and Commissions group that
19 appoints people so I could bring this up to our meeting
20 tomorrow just to sort of put it out there so they can
21 start thinking about it.

22 MR. GILBERTSON: I'm sorry?

23 MS. PAKULIS: For the Governor's
24 appointment, the third one you've got Tom Agresta. Is it

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1 a Gubernatorial appointment as is Dan Carmody and the
2 third one is to be named? So you're looking for somebody?

3 MR. GILBERTSON: Yes, that's one of the
4 ones that has not --

5 MS. PAKULIS: Right, so I can bring that up
6 to my meeting tomorrow just to start the ball rolling to
7 see --

8 MR. GILBERTSON: Okay.

9 MS. PAKULIS: -- if they have somebody.

10 MR. GILBERTSON: Okay. And in particular,
11 that's the attorney. And that's a very important one is
12 to have an attorney. I think our last attorney resigned
13 because of -- I'm not sure why, but I'd heard that there
14 was an issue with a potential conflict of interest so.

15 MS. PAKULIS: Okay, I'll mention it at the
16 criteria meeting.

17 MR. GILBERTSON: Okay.

18 CHAIRPERSON MULLEN: Okay, thanks.

19 MR. GILBERTSON: And that's all I had. I
20 did want to have John briefly talk to what what's going on
21 with the REC and where we are with that, so I'll turn it
22 over to John.

23 MR. DeSTEFANO: Thank you David. Thanks
24 David. So David just asked me to quickly brief the Board

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1 on our --

2 COURT REPORTER: Could I get that
3 microphone closer please?

4 MR. DeSTEFANO: -- oh, thank you.

5 COURT REPORTER: Thank you.

6 MR. DeSTEFANO: David asked me to quickly
7 brief the Board on where we are with implementing Direct.
8 So just to clarify a few things, Direct as the ONC sees
9 it, is not really just secure messaging. There's a whole
10 gamut of other technologies that are involved here that
11 goes beyond just the technical part of secure messaging
12 and more into policy and what they call trust fabric so
13 that if I set up a Direct implementation where I can
14 onboard providers and exchange messages and somebody else
15 does the same thing. There needs to be some common ground
16 for everybody to trust each other.

17 So that goes to a lot of what's happening
18 right now with the Direct implementation. So this is just
19 a quick sort of overview of how it works. It is really a
20 lot like e-mail per se and, you know, you'd use it with
21 your e-mail system. But behind the scenes there's a lot
22 of encryption and security taking place at a technical
23 level, along with all the policy that you need to standup
24 around all of that security and that technical layer to

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1 make it interoperable between separate implementations of
2 messaging, of Direct messaging. Now, the primary focus
3 that ONC had or the Direct project had is around these
4 user stories as they're stated. And I think everybody is
5 probably familiar with a lot of them as they've been
6 discussed in the context of a document exchange. You
7 know, you can also look at a lot of these use cases and do
8 a little translation with the words and get them into a
9 Direct sort of theme.

10 But you can see primarily, the ones with
11 priority one are the primary use cases which the Direct
12 project is trying to implement. So that referral, that
13 transition of care model or ability to send information
14 around transition of care, that's a primary focus of the
15 Direct project. And I won't go through all of these in
16 the interest of time, but there are specific targets for
17 this type of technology where it fits. It's not a
18 replacement for what we're trying to do with the document
19 exchange. In many cases it augments it and it gives you
20 another place to plug it in and move information. So one
21 of the interesting things that's happened as this project
22 has rolled out, it was started by the same group that
23 started the In Link Connect project, which is a big
24 federal gateway. This is another project that was sort of

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1 started under the same group.

2 Recently an organization called
3 DirectTrust.org has taken a leadership role in the
4 implementation of Direct and the policy framework around
5 Direct. So you can see DirectTrust.org is interestingly
6 enough primary a vender community just as the document
7 exchange stuff that we're trying to do is also really --
8 all the standards around that was really developed by a
9 vender-based community. So you can see who the members of
10 DirectTrust.org are. It's a not for profit. The reason I
11 think that DirectTrust.org is important is because they
12 will probably, in all likelihood, be the certification
13 body for venders that implement the Direct technology and
14 certification. Not so much in the sense of meaningful use
15 certification or EHR certification, but more a good
16 housekeeping seal of approval type concept.

17 But if you're going to market with
18 something like that, why wouldn't you want to go with a
19 vender that has this good housekeeping seal of approval?
20 So that's sort of their direction right now. We have
21 recently been to a meeting; about a month ago David and I
22 went to an ONC sponsored meeting around Direct. And, you
23 know, that is a primary goal for ONC, is to implement
24 Direct in the statewide health information exchange level.

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1 The 400 plus mailboxes are really 200 plus more or less
2 mailboxes that we need to implement by September. And one
3 interesting thing that you want to take away from this
4 meeting is that the ONC, not so much the ONC directly but
5 through other states that are implementing the technology
6 and rolling it out in their state suggests that you don't
7 be a HISP, that the state Health Information Exchange does
8 not stand up HISP services in the state. That we more or
9 less go to this different type of model.

10 So one of the models is of course that the
11 State Health Information Exchange stands up the HISP
12 services and connects the community. Another model is
13 what's being referred to as a HISP marketplace. And we've
14 been in discussions with a number of states, we've visited
15 a number of State Health Information Exchange
16 organizations. Rhode Island, Massachusetts for example,
17 Pennsylvania we've talked to, they're all implementing
18 this HISP marketplace concept. Yes?

19 MS. PAKULIS: What -- I don't know what
20 HISP is.

21 MR. DeSTEFANO: Oh I'm sorry, Health
22 Information Service Provider.

23 MS. PAKULIS: Thank you.

24 MR. DeSTEFANO: So that would be the

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1 company basically that would implement all of the Direct
2 technical specifications, along with the policy framework
3 that goes with it so that, you know, there's trust between
4 different HISPs. So this model is another model alternate
5 to a state standing up a HISP for all providers. There
6 are states that are doing that right now. There are state
7 Health Information Exchanges that are standing up HISP,
8 however, they're not limiting any other HISP providers
9 from coming into the state.

10 So it's not a -- they're not trying to
11 create a closed market. I don't think that's even
12 possible. Actually in Connecticut, it would not be
13 advisable anyway I don't believe. There are -- there is
14 already a vender which claims to have HISP services in the
15 Danbury area. So we -- I think going forward we need to
16 look seriously at whether or not we want to be a HISP and
17 definitely we want to put into place the framework for
18 this HISP marketplace so that any HISP providers coming
19 into the state have some standards which everybody
20 negotiates and lives by. One of the reasons I think that
21 a lot of the other state Health Information Exchanges
22 don't want to be HISPs or are suggesting not to be is the
23 reimbursement for \$10 a mailbox per month really isn't a
24 lot, especially considering that we won't have a captive

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1 audience. Any organization would be able to stand up HISP
2 services. You know, our real job would be to make sure
3 that we can all negotiate to connect to one another.

4 So the reimbursement around it isn't really
5 a great business model. Those venders that are out there
6 that I've talked to up to this point, their model is
7 really based on volume. They have state contracts, or if
8 it's not a whole state, it's a large part of it. And the
9 reason that they're profitable is really based on large
10 volume. So we are continuing to investigate the various
11 models and we'll come back with a recommendation for the
12 next Board meeting. And as we talked about earlier, the
13 HISP -- what is this type of technology, what does it
14 bring to the table? And it's again, around coordination
15 of care, quality measurement in reporting, process
16 efficiencies, public health monitoring, patient access to
17 medical records, as a lot of the HISP technology can also
18 plug into what we're looking at doing from a document
19 exchange perspective.

20 So any questions?

21 MR. CARMODY: John, so how -- so while you
22 explained what it is, if we're not going to be a HISP in
23 order for Direct to be implemented we would have to either
24 what, direct people to a HISP or negotiate with a HISP so

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1 that this other -- you know, so this would now become
2 almost like a subcontractor to us? There's like, here's
3 the cost of connecting to the HIE. And oh by the way, if
4 you want to use Direct, you got to utilize one of three
5 approved venders that are HISPs and here's their cost?
6 I'm just trying to figure out like --

7 MR. DeSTEFANO: Yeah --

8 MR. CARMODY: -- what is it in relationship
9 to us?

10 CHAIRPERSON MULLEN: And can you give him
11 -- I want to let him give you the concise answer for the
12 bigger conversation next month since we still have
13 executive session to go into.

14 MR. DeSTEFANO: So the concise answer is
15 that if you look at, say -- let's use the word on for an
16 example. They created the marketplace, the definition by
17 which all HISP venders in the state have to play. And
18 then they invited the HISP venders in.

19 CHAIRPERSON MULLEN: So for next month let
20 us know how much time do you want to be in that --

21 MR. DeSTEFANO: Yes, thank you.

22 CHAIRPERSON MULLEN: -- seriously how much
23 time do you need? Thank you. I know that you've been
24 doing a lot on this and I know there's more to --

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1 MR. DeSTEFANO: There's a lot more going on

2 --

3 CHAIRPERSON MULLEN: -- yeah, thank you.

4 So I think that takes us to other business. Do you want
5 to make your announcement?

6 MR. GILBERTSON: Sure. I do want to let
7 the Board know that I have officially resigned for family
8 reasons. We've decided to go back to San Antonio, mostly
9 to take care of aging parents, and it's just the right
10 thing for us to do. So I do want to let you know that it
11 really was a tough decision for us. I believe in what
12 we're doing here. I enjoy this work. I think we've built
13 a great team and we're adding. We have -- like I said,
14 we've been interviewing and some of the great good
15 candidates that we've interviewed are really, you know,
16 excited that they're going to be joining the team
17 hopefully here in the near future.

18 So I did send Dr. Mullen a letter a week
19 and a half ago maybe, explaining that I was going to
20 resign, and I will be moving back to San Antonio in
21 August. But my resignation isn't effective till September
22 11th right now, based on the notice period. So -- you
23 know, I think I've learned a lot and I think we've all
24 learned a lot and I think there's -- we've made a lot of

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1 progress. It may not seem like it sometimes, but we are a
2 lot further along now than I think we've ever been in
3 terms of understanding what we need to do to get this
4 thing done and meet the immediate goals of ONC. But then
5 also, hooking into the stakeholders and hooking into the
6 rest of the puzzle in order to define our sustainment
7 model and how we really are going to move this forward.
8 Thank you.

9 CHAIRPERSON MULLEN: Thanks. I'm not
10 finished yet. Thank you for what you've done but you're
11 not gone yet, and I wanted to let the Board know that the
12 Executive Committee convened with David on -- was that
13 just Friday, Thursday of last week, Friday?

14 MR. GILBERTSON: Last Thursday.

15 CHAIRPERSON MULLEN: Last week at the end
16 of the week, and we spent a fair amount of time talking
17 about a transition plan. And we wanted to give you a
18 moment -- we had asked that you come forth today for the
19 Board on what you're laying out for the transition.

20 MR. GILBERTSON: Sure. And I think what
21 I've done is, I've started identifying those things that
22 I've been working on. And that those are both operational
23 and kind of day-to-day kind of tasks that I've held, like
24 paying bills and those type of things and identifying how

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1 those best should translate into moving forward. But then
2 there are a lot of strategic issues that I think I've been
3 working on that I'm also laying out.

4 So in the transition plan, I'm identifying
5 the individual tasks that need to be done, sort of what
6 the current status is what I'm thinking needs to be done.
7 What I'm recommending in terms of direction, any issues,
8 and then who I believe that should transition to, who
9 would be best positioned to do that work. And I'm also
10 identifying those things that I'm targeting to have done
11 before I do transition to make sure that I do close out.
12 And one of those obviously is the Axway contract
13 negotiations or discussions. But then there are a few
14 others, and I think like I mentioned the Sustainability
15 Plan. And really getting with the key leaders in the
16 State to understand what's doable and what's not doable
17 within the State in order to generate the types of revenue
18 that we're going to need to be successful.

19 Without revenue, it's going to be very
20 tough to make this thing fly. We really have to have a
21 reasonable plan for generating revenue. And as John just
22 showed, Direct isn't going to generate a whole lot of
23 revenue.

24 CHAIRPERSON MULLEN: Well we look forward

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1 to the transition plan, thank you. Does anybody have a
2 question or comment now before we go to public comment?
3 Public comment, hi.

4 MR. ED TIERNEY: Hi, Ed Tierney.

5 COURT REPORTER: You need to come up to a
6 microphone, thank you.

7 MR. TIERNEY: Ed Tierney here, just a quick
8 question from a revenue standpoint. Is the state pursuing
9 any kind of grant money that might be out there do you
10 know?

11 CHAIRPERSON MULLEN: The -- I'm going to
12 speak as the Board Chair rather than speak for the State
13 because I'm actually sitting in this capacity as the Chair
14 of the Board. And what I would say is as David reflected
15 earlier, there's a lot of effort in many domains around
16 looking for sustainability.

17 And given that, this is a quasi-public
18 agency. I think one of the other things that we have to
19 look at is how to direct ourselves and our ongoing staff
20 and next leader about what's available there as well. So,
21 I didn't answer your question specifically, but I think
22 it's bigger than that and for all the reasons and a lot of
23 what we've talked about is how -- over the months is that
24 ultimately, it's not going to be those external sources

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1 that really sustain an Exchange for any state. It's going
2 to be setting up a good business within the State in a way
3 that's sustainable for all the people who use it, I
4 believe.

5 So as we think about the short-term
6 sustainability, which might in part be looking at those
7 kinds of revenue infusions, in the long run, we have to
8 keep getting this business up and going.

9 MR. CARR: I would like to just chime in.
10 I think back years ago there were grants for Health
11 Information Exchanges, you know, AHRT took them out --

12 COURT REPORTER: I'm sorry, do you mind
13 picking that microphone up?

14 MR. CARR: -- oh, I'm sorry. I would just
15 add in, that several years ago there were very targeted
16 and focused grant opportunities that were short-term
17 grants. We have the --

18 CHAIRPERSON MULLEN: Ahum.

19 MR. CARR: -- right. And the number of
20 other grants out there is relatively small. All of the
21 others -- the ones that are relatively large
22 opportunities, I think for our organization, are tied to
23 some other business -- meeting a business need for either
24 the State or for CMS or for some other stakeholder.

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1 As opposed to there being a Health
2 Information Exchange grant to support Health Information
3 Exchange, it's hey, we are doing a program around
4 accountable care. And we need, as part of that, to be
5 able to exchange information as opposed to it being hey,
6 there is an HIE. So I think, you know, that's going to be
7 important for us going forward.

8 MR. TIERNEY: Thank you.

9 CHAIRPERSON MULLEN: Thanks for your
10 question. And if you find opportunities you think we
11 should be applying for --

12 MR. TIERNEY: We're looking.

13 CHAIRPERSON MULLEN: -- okay. Okay, so any
14 other public comment? Okay, so I'm going to then rule
15 that we go into executive session to discuss a memorandum
16 from HITE's legal counsel concerning advice subject to the
17 attorney/client privilege relating to the employment
18 agreement with David Gilbertson.

19 Additionally, you may have seen on a
20 preliminary agenda that we had planned to go into
21 executive session, also to discuss subject to
22 attorney/client privilege, some updates from Dave
23 Gilbertson related to our agreement with Axway. So at
24 this time I think we need to sequence this in a way that

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1 we say goodbye to everybody who knows that it's time to
2 say goodbye and invite -- let's see, for the Axway portion
3 of the conversation, are you going to be here for
4 Commissioner Bremby?

5 MALE VOICE: I would just like to
6 respectfully request that I be allowed to remain as
7 Commissioner Bremby's representative?

8 CHAIRPERSON MULLEN: Yes.

9 DR. AGRESTA: Yes.

10 CHAIRPERSON MULLEN: Alright, so have a
11 motion to go into executive session?

12 MALE VOICE: I'll move.

13 CHAIRPERSON MULLEN: Okay, second?

14 MALE VOICE: Second.

15 CHAIRPERSON MULLEN: All in favor?

16 ALL VOICES: Aye.

17 MALE VOICE: Do you want me to stay --

18 CHAIRPERSON MULLEN: Yes, please stay.

19 (Whereupon, the meeting went into executive
20 session and was adjourned at 7:41 p.m.)